

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☒ **Psychology**
☒ Practicum
☒ Clerkship/Internship
☐ Externship
☐ **Social Work**
☐ Specialization: _____
☐ Macro/Administrative
☐ **MFT**
☐ **Occupational Therapy**
☐ **Other** (specify): _____

Service Area

2

DMH Agency:	San Fernando Mental Health Center
DMH Agency Address:	10605 Balboa Blvd, Suite 100 Granada Hills, CA 91344
Agency Liaison:	Erika Lopez, Psy.D.
New or Returning	<input type="checkbox"/> New <input checked="" type="checkbox"/> Returning
Liaison Email Address:	elopez@dmh.lacounty.gov
Liaison Phone Number:	818 832-2508
Liaison Fax Number:	818 832-2567
Agency ADA Accessible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: _____

Student Requirements:

How many positions will you have?	2
Beginning and ending dates:	September 2015 – July 2016

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services): **No Preference – program operates 5 days per week**

Monday	Preferred – Avail 8 – 6:30pm
Tuesday	Avail 8 – 6:30pm
Wednesday	Preferred – Avail 8 – 6:30pm
Thursday	Avail 8 – 6:30pm
Friday	Avail 8-6:30pm

Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)

Monday	9-12pm SUP
Tuesday	
Wednesday	9-12pm TR+SUP
Thursday	
Friday	
Total hours expected to be worked per week:	25
How many clients would the student have at one time?	6-8

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What cultural groups and language services are provided at your site?	Primarily Latino though we service a wide range of cultural groups.
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	25 hours a week for academic year (September through July)

Provide a short description of your site and services offered:

The clinic is considered an outpatient community mental health facility, directly operated under Department of Mental Health, LA County. The clinic provides mental health services to Adult & Family; And Child & Family.

Students will provide services for (please check all that apply):

<input checked="" type="checkbox"/> Individuals	<input checked="" type="checkbox"/> Consultation/Liaison
<input checked="" type="checkbox"/> Groups	<input type="checkbox"/> Psycho-Educational Groups (e.g. Parenting)
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Community Outreach
<input checked="" type="checkbox"/> Children 0-5	<input checked="" type="checkbox"/> FSP
<input checked="" type="checkbox"/> Children & Adolescents	<input checked="" type="checkbox"/> FCCS
<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Specialized Foster Care
<input checked="" type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> AB109
<input checked="" type="checkbox"/> Court/Probation referred	<input checked="" type="checkbox"/> Veterans

Evidenced Based Practices/Promising Practices offered at your agency:

<input checked="" type="checkbox"/> Child-Parent Psychotherapy	<input checked="" type="checkbox"/> Seeking Safety
<input checked="" type="checkbox"/> Crisis Oriented Recovery Services	<input checked="" type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy
<input type="checkbox"/> Dialectical Behavior Therapy	<input checked="" type="checkbox"/> Triple P – Positive Parenting Program
<input checked="" type="checkbox"/> Families Over Coming Under Stress	<input type="checkbox"/> Other (Specify)
<input checked="" type="checkbox"/> Managing and Adapting Practices	<input type="checkbox"/> Other (Specify)

Students will provide (please check all that apply):

<input checked="" type="checkbox"/> Brief Treatment	<input checked="" type="checkbox"/> Screening and Assessment
<input type="checkbox"/> Long – Term Treatment	<input checked="" type="checkbox"/> Crisis Intervention
<input checked="" type="checkbox"/> For Psychology Students Only: Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

ADHD; PTSD; Adjustment D/O; MDD; Bipolar D/O; Severe Anxiety/Panic D/O; ODD; Conduct D/O

What specific training opportunities do students have at your agency?

Interdisciplinary psychiatric intake evaluation, Clinical disposition rounds to establish diagnosis & treatment; carry a caseload of 6-8 clients, receive clinical supervision from a Field Instructor who is an PsyD; collaborate treatment with psychiatrist, co-lead a therapeutic group, consult and coordinate Medical Support Services with MD., provide case management services, provide mental health services for individuals, families and groups.

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What theoretical orientations will students be exposed to at this site?

Psychodynamic; Cognitive-Behavioral; Systems Theory

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Licensed and licensed waived psychiatric social workers, MD (psychiatrist), RN, Psychologists, Recreational Therapists, Occupational Therapists, Medical Case Workers, Community Workers, Service Area Committee and community volunteers.

Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☒

No ☐

List locations where students will be providing services **other than agency?**

Only our clinic at SFMHC

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☒

No ☐

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	1 - 2	Psy.D. / LCSW
Group	1	Psy.D. / LCSW
Individual & Group	2.5-3.5	Psy.D. / LCSW

Do you have one or more staff, who is licensed by:

☒ California Board of Psychology

☒ California Board of Behavioral Sciences

☒ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☒

No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

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Yes ☒ No ☐

Students will be evaluated through (please check all that apply):

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work	<input checked="" type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input checked="" type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input checked="" type="checkbox"/> Other (specify): Reports from psychiatrists, psychologists, social workers, and other partners in treatment of clients

Selection of Students:

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☐ No ☒ The university will first contact us with name of student to be interviewed.

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☐ No ☒

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☒ No ☐ If yes, please specify: Bio-psychosocial

Does your agency require a particular range of previous experience or specific prerequisite coursework?
If so, please explain.

N/A

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☒ No ☐ If yes, please specify

Student will be instructed to contact SPDP of DMH to be officially processed into human resources unit.
Dr.Jeff Gorsuch will inform the university field liaison to prepare students for the registration process

Please specify dates your agency accepts students September through April

Supervision will be in compliance with professional standards established by the following:

☐ APPIC ☐ AAMFT
☐ NASW ☒ Other (specify): APA approved Guidelines for supervision

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☒

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DMH Staff completing this form: Name: Erika Lopez Title: Clinical Psychologist II

Supervisors: Name: Dina Dutton Title: Program Head/Manager

Date of Completion: <u>2/17/2016</u>
